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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	not yet assigned
Filing Date	filed herewith
First Named Inventor	von Mueller et al.
Title	WIRELESS/WIRED TOKEN
Art Unit	not yet assigned
Examiner Name	" " "
Attorney Docket Number	04-SEM/111

I hereby appoint:

 Practitioners associated with the Customer Number:

22890

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:

OR

 The address associated with Customer Number:

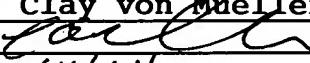
OR

<input type="checkbox"/>	Firm or Individual Name			
Address				
Address				
City	State	Zip		
Country				
Telephone	Fax			

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Name	Clay von Mueller		
Signature			
Date	5/4/04	Telephone	858-278-6003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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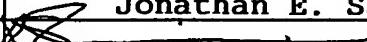
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<input type="checkbox"/>	Firm or Individual Name			
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*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	Jonathan E. Sarkasian		
Signature			
Date	15/04/04	Telephone	858-278-6003

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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<input type="checkbox"/>	Firm or Individual Name			
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*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Name	Konrad J. B. Andersen		
Signature	<i>Konrad J. B. Andersen</i>		
Date	5/04/04	Telephone	619-749-3720

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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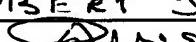
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Telephone		Fax		

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 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Name	ROBERT J. MOS		
Signature			
Date	5-4-2004	Telephone	858-278-6003

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 \*Total of **4** forms are submitted.

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing

OR

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	04-SEM/111
First Named Inventor	von Mueller et al.
COMPLETE IF KNOWN	
Application Number	
Filing Date	filed herewith
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**WIRELESS/WIRED TOKEN ACCESS DISTRIBUTED NETWORK  
AND SYSTEM FOR USING SAME**

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)  as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to:  Customer Number: **22890**      OR     Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:



A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any])**Clay**Family Name  
or Surname**von Mueller**Inventor's  
Signature

Date

**5/4/04**

Residence: City

**San Diego**

State

**CA**

Country

**US**

Citizenship

**US**

Mailing Address

**804 Anacapa Court**

City

**San Diego**

State

**CA**

ZIP

**92109**

Country

**US**

NAME OF SECOND INVENTOR:



A petition has been filed for this unsigned inventor

Given Name  
(first and middle [if any])**Kyle R.**Family Name  
or Surname**Zaidain**Inventor's  
Signature**DECEASED**

Date

Residence: City

**Half Moon Bay**

State

**CA**

Country

**US**

Citizenship

**US**

Mailing Address

**31 Seacrest Court**

City

**Half Moon Bay**

State

**CA**

ZIP

**94019**

Country

**US**

Additional inventors or a legal representative are being named on the \_\_\_\_\_ supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 1 of 2

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
<b>Jonathan E.</b>		<b>Sarkisian</b>	
Inventor's Signature			
<i>[Signature]</i>	Date <u>5/04/04</u>		
Residence: City	San Diego	State	CA
Mailing Address	<b>4555 Saddle Mountain Court</b>		
Mailing Address			
City	San Diego	State	CA
Zip	92130	Country	US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
<b>Konrad J. B.</b>		<b>Andersen</b>	
Inventor's Signature			
<i>[Signature]</i>	Date <u>5/5/04</u>		
Residence: City	El Cajon	State	CA
Mailing Address	<b>1908 Treseder Circle</b>		
Mailing Address			
City	El Cajon	State	CA
Zip	92019	Country	US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature			
Date			
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**Page 2 of 2

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))		Family Name or Surname				
		<b>Mos</b>				
Inventor's Signature					<b>S - 4 - 2004</b>	
Residence: City <b>San Diego</b>		State <b>CA</b>	Country <b>US</b>	Citizenship <b>US</b>		
Mailing Address <b>2637 Mission Blvd.</b>						
Mailing Address						
City <b>San Diego</b>	State <b>CA</b>	Zip <b>92109</b>	Country <b>US</b>			
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor				
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